

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014143

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317  
**FILED APR 11 1963**Primary Registration District No. 544Registrar's No. 967

STATE FILE NUMBER

VS 300  
Rev. 4/591 40032 40572

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12 86-0

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DATE AMENDED

4-24-63  
4-24-63

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

George Armstrong  
Mary GuipserGeorge Armstrong  
Mary GuipserGeorge Armstrong  
Mary GuipserGeorge Armstrong  
Mary GuipserGeorge Armstrong  
Mary Guipser

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Kirkwood

Length of stay in 1b

2 Years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

White Oak's Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY  
OR TOWN

Webster Grove

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

505 Oak St

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Maude Marie Drake

4. DATE  
OF DEATH

Month

Day

Year

March 19, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

11/5/1884

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

House Wife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George  
Albert Armstrong

13b. MOTHER'S MAIDEN NAME

Mary  
Guipser

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr Chester A. Sunder 505 Oak St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN  
ONSET AND DEATH

16 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arteriosclerosis, brain

15 yrs

DUE TO (c)

general arteriosclerosis

15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

April 1961

to Mar 19

and last saw her alive on

Mar 8 1963

Death occurred at

7

A

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

3/21/1963

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Kirkwood, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Alexander &amp; Sons 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG.

3-20-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. T. Jean  
4500 West Pine  
Fo 1-4500

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Vernon S. Vedder*

Licensed Embalmer No. 5031

P. O. Address 6175 Delmar  
St Louis 12, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.